



CITY OF BURBANK WASTE COLLECTOR PERMIT

500 S. Flower Street ■ Burbank CA 91502-2106

818-238-3900 phone ■ 818-238-3908 facsimile ■ www.burbankrecycle.org

SECTION I. GENERAL INFORMATION

Company Name:	
Street Address:	
Mailing Address:	
Phone Number:	
Fax Number:	
Email Address:	
Contact Person:	
Burbank Business License Number:	

Is the service company owned by a “parent” or “umbrella” company? If so, please indicate company name, address, phone number, and contact person:

SECTION II. SCHEDULE AND ROUTE INFORMATION

Service Description/Rates: (attach rate sheet if necessary)	
Days of Route Schedules:	
Holiday Schedules:	
Destination/disposal site locations of:	all recyclables:
	all greenwaste:
	all other solid waste:

SECTION III. CUSTOMER INFORMATION

Total number of Burbank customers serviced by regular solid waste collection:	
Number of vehicles operating in Burbank (provide vehicle license numbers; use separate sheet)	
Estimated annual Burbank tonnage of solid waste collected:	
Estimated annual Burbank tonnage of recyclables collected:	
Number of Burbank multi-residential complexes participating in recycling/greenwaste programs:	
Number of Burbank commercial/industrial/institutional entities participating in recycling/greenwaste programs:	

CITY OF BURBANK RECYCLE CENTER WASTE COLLECTOR PERMIT APPLICATION

Please provide the vehicle license numbers of all the vehicles you operate in Burbank.

Vehicle License Number	Vehicle License Number	Vehicle License Number

(please provide separate list if more space is needed)

All Waste Collectors Operating and/or Located in the City of Burbank Agree to Indemnify and Hold the City of Burbank Harmless from any Liability including Liability under the Comprehensive Environmental Response Compensation and Liability Act (CERCLA).

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Return To: **Burbank Recycle Center
500 South Flower Street
Burbank CA 91502**

TO BE COMPLETED BY PUBLIC WORKS ADMINISTRATION ONLY	
APPLICATION APPROVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NOT APPROVED, GROUNDS FOR REJECTION: _____ _____ _____ _____ _____ _____ _____	
_____ Kreigh Hampel, Recycling Coordinator, for Bonnie Teaford	_____ Date